

COMMUNICABLE DISEASE CENTER

POLIOMYELITIS

SURVEILLANCE

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SUPPLEMENT TO PSU REPORT 273

NEWS RELEASE FOLLOWING SURGEON
GENERAL'S O.P.V. ADVISORY COMMITTEE
MEETING DECEMBER 17, 1962

CASES CONSIDERED BY COMMITTEE

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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PREFACE

Summarized in this report is information received from State Health Departments, university investigators, virology laboratories and other pertinent sources, domestic and foreign. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigator for confirmation and interpretation.

Contributions to the Surveillance Report are most welcome. Please address to:
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SUMMARY

The three weeks which ended on December 15, 1962 brought reports of 36 cases of poliomyelitis, 31 paralytic. Only 6 cases, 5 paralytic, were reported for the last of those weeks.

No new case concentrations have been noted. A report on Oklahoma whose 1962 experience with poliomyelitis has greatly exceeded that in 1961 is presented in Section 2.

Individual case forms have been received on 584 of the 664 paralytic cases with onset in 1962. An analysis by age and vaccination status reveals that 80% of cases occurred in persons younger than 15 years of age with over 60% of these being unvaccinated. This material is shown in Section 3.

The result of the deliberations of the Surgeon General's Advisory Committee which considered the occurrence of paralytic illness among recipients of oral polio vaccine is presented as a supplement to this report. This Committee met on December 17 and 18 in Washington, D.C.

1. CURRENT POLIOMYELITIS MORBIDITY TRENDS

A total of 36 cases of poliomyelitis, 31 paralytic were reported for the three week period which ended December 15, 1962. The last two weeks accounted for only 11 paralytic cases.

Only 18 States reported cases during this time with no new case concentrations being noted. Only California, Indiana and Oklahoma noted as many as three cases. Many of the remaining States noted delayed reports.

As shown in the tabulation below, the cumulative totals for this year remain well below those for 1961, the previous record low year. The six-weeks totals show that the paralytic cases noted during this year slightly exceed the number noted in 1961, while the total number still remains below. Comparable totals for 1962 and the preceding four years are shown below:

Polio (Cumulated Weekly) through the 50th Week for the Past Five Years

	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1958</u>
Paralytic	685	859	2240	5624	3071
Total	860	1321	3210	8448	5958

Six-Week Totals (45th through 50th Week) for Past Five Years

	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1958</u>
Paralytic	99	95	243	580	486
Total	124	141	324	777	758

2. STATE REPORTS

Thus far in 1962, Oklahoma has reported 32 cases of poliomyelitis, while during the comparable period in 1961 only 4 cases were noted. Of these cases 15 were noted in the north eastern portion of the State in the adjoining counties of Tulsa, Creek, Washington and Muskogee. Tulsa County accounted for 8 cases (6 paralytic). The first case noted in this area had onset in early August while the remaining cases occurred after mid-September. Type I poliovirus was recovered from two of the cases which occurred in Oakhurst (Tulsa County) and Type I polio vaccine was administered in this community in November. No new cases have been reported since that time from any of the four counties.

3. 1962 PARALYTIC CASES REPORTED TO PSU

Of the 685 cases of paralytic poliomyelitis reported through the week ending December 15, 664 had onset in 1962. The Poliomyelitis Surveillance Unit has received individual case forms on 584 of the 664 paralytic cases. The vaccination status of these 584 paralytic cases by age groups is shown below.

Paralytic Poliomyelitis by Age Group
And Vaccination History Reported on PSU Forms
 (Through December 15, 1962)

Age Group	OV	1-2V	3V	4+V	Unk	Total	Percent
0-4	196	47	12	17	11	283	48.4
5-9	54	17	20	27	3	121	20.7
10-14	23	12	16	7	2	60	10.3
15-19	14	3	5	3	0	25	4.3
20-29	35	7	3	4	1	50	8.6
30-39	19	4	1	2	1	27	4.6
40+	14	1	0	2	1	18	3.1
TOTAL	355	91	57	62	19	584	100.0

PERCENT DOSES	62.8	16.1	10.1	11.0	-	100.0
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Of the 272 cases with known vaccination history in the 0-4 age group, 196 (72.1 percent) had not received any poliomyelitis vaccinations.

To date in 1962, the Poliomyelitis Surveillance Unit has received results of virological studies on 356 of the 584 paralytic cases. A total of 305 poliovirus isolates (85.6 percent) has been recovered from the 356 cases. Of these, 233 are Type I, 5 are Type II, and 67 are Type III polioviruses. Isolates associated with clinical paralytic poliomyelitis have been reported from the following States:

<u>State</u>	<u>Poliovirus</u>			<u>Total</u>
	<u>I</u>	<u>II</u>	<u>III</u>	
Alabama	6	0	0	6
Arizona	2	0	0	2
Arkansas	7	1	0	8
California	20	1	7	28
Colorado	1	2	0	3
D.C.	0	0	1	1
Georgia	5	0	1	6
Idaho	0	0	1	1
Illinois	22	0	7	29
Indiana	6	0	0	6
Kentucky	10	0	1	11
Louisiana	11	0	6	17
Maryland	1	0	0	1
Massachusetts	3	0	0	3
Michigan	8	0	4	12
Minnesota	4	0	0	4
Mississippi	0	0	7	7
Missouri	1	1	0	2
Montana	1	0	0	1
Nebraska	0	0	1	1
New Hampshire	1	0	2	3
New York	6	0	5	11
North Carolina	2	0	0	2
Ohio	9	0	4	13
Oregon	0	0	3	3
Pennsylvania	5	0	4	9
South Carolina	1	0	2	3
Tennessee	3	0	2	5
Texas	83	0	7	90
Utah	1	0	0	1
Washington	3	0	1	4
West Virginia	9	0	1	10
Wisconsin	1	0	0	1
Wyoming	<u>1</u>	<u>0</u>	<u>0</u>	<u>1</u>
TOTAL	233	5	67	305

4. ROUTINE POLIOMYELITIS SURVEILLANCE - 1962

A. Cases with Onset within 30 Days of Vaccine (Inactivated)

One case of poliomyelitis occurring within 30 days following vaccination has been reported by individual surveillance form to the Poliomyelitis Surveillance Unit during the three-week period ending December 15. This patient, a 12 year old male from Presque Isle County, Michigan, was vaccinated on September 12 and had onset of illness on September 28. He previously had received one dose of inactivated vaccine. The preliminary diagnosis was paralytic poliomyelitis. There was no correlation between site of injection and site of first paralysis.

To date in 1962, the Poliomyelitis Surveillance Unit has received reports of 19 cases of poliomyelitis (14 paralytic) occurring within 30 days following vaccination. One paralytic case showed a correlation between site of injection and site of first paralysis. (Note: The 4 year old male from Winnebago County, Illinois, which was listed in PSU Report No. 271, was erroneously repeated in PSU Report No. 272.)

B. Cases with Onset within 30 Days of Vaccine (Oral)

During the three-week period ending December 15, there were 3 cases of poliomyelitis, 1 paralytic, occurring within 30 days following oral vaccination, reported to the Poliomyelitis Surveillance Unit on individual case forms. One was from Massachusetts and two were from Texas. The 54 year-old female from Suffolk County, Massachusetts, had received Type III oral polio vaccine on June 13 and had onset of illness on July 5. No virus isolation was made in this case. Type I oral polio vaccine was administered to the patients from Texas within 30 days prior to onset. All cases represent delayed reports.

A detailed line listing of the 3 cases appears below:

<u>State</u>	<u>County</u>	<u>Age</u>	<u>Sex</u>	<u>Onset</u>	<u>Date</u>	<u>Type</u>	<u>Onset</u>	<u>Doses</u>	<u>Paralytic</u>
					<u>Fed</u>	<u>Fed</u>	<u>Interval</u>	<u>IPV</u>	<u>Status</u>
Mass.	Suffolk	54	F	7-5	6-13	III	22 days	0	P
Texas	Lubbock	21	F	9-12	8-26	I	17 days	7	NP
Texas	Lynn	16	M	9-10	8-20	I	21 days	1	Unk

Sixty-one cases of poliomyelitis, 53 paralytic, occurring within 30 days following oral vaccination have been submitted to the Poliomyelitis Surveillance Unit so far in 1962. The 17 month-old male from Mobile County, Alabama, presented in PSU Report No. 270, has been withdrawn by the State Health Department as not representing poliomyelitis and has been deleted from the 1962 poliomyelitis records.

C. Poliomyelitis within 60 Days Among Household Contacts of Oral Vaccinees

During the three-week period ending December 15, no cases of poliomyelitis occurring within 60 days following oral vaccination among household contacts of oral vaccinees were reported to the Poliomyelitis Surveillance Unit. The total remains at 9 cases, all paralytic, reported in 1962.

Figure 1

CURRENT U.S. POLIO INCIDENCE COMPARED WITH YEARS 1957, 1959 and 1961 April - December, by week

DATA PROVIDED BY NATIONAL OFFICE OF VITAL STATISTICS AND COMMUNICABLE DISEASE CENTER

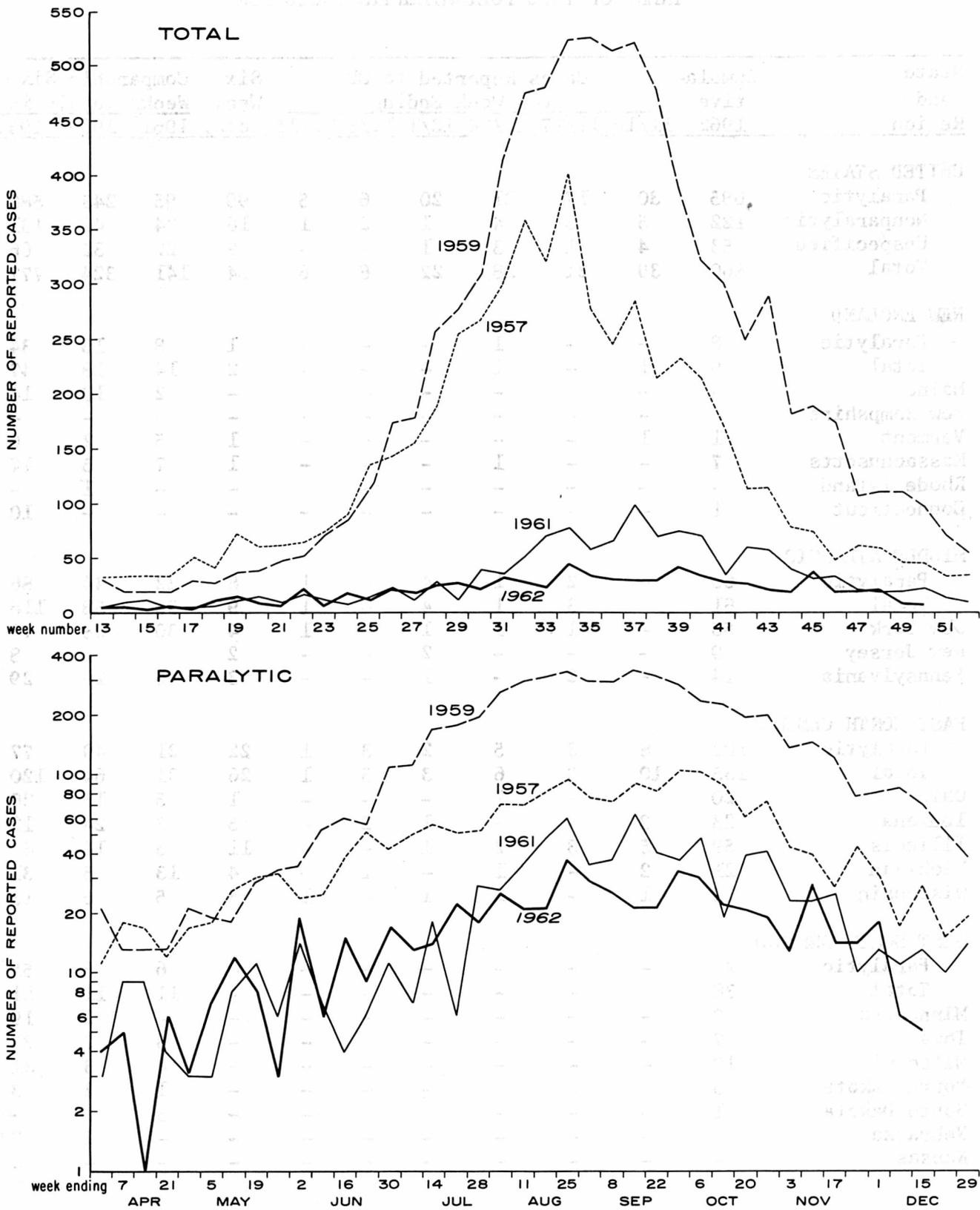


Table I (Continued)

Region and State	Cases Reported to CDC for Week Ending	Six Comparable Six-Week Totals in Total 1960-1969				
		1	2	3	4	5
SOUTH ATLANTIC						
Paralytic	68	6	2	4	3	1
Total	77	6	2	4	3	1
Delaware	-	-	-	-	-	-
Maryland	2	1	-	-	-	-
D.C.	10	-	-	-	-	-
Virginia	18	4	2	3	3	1
West Virginia	18	2	-	-	-	-
North Carolina	18	2	-	-	-	-
South Carolina	6	-	-	-	-	-
Georgia	17	2	-	1	-	-
Florida	9	-	-	-	-	-
EAST SOUTH CENTRAL						
Paralytic	67	3	-	6	3	-
Total	80	3	-	7	3	-
Kentucky	29	3	-	-	-	-
Tennessee	18	-	-	1	1	-
Alabama	22	-	-	-	-	-
Mississippi	17	-	-	6	2	-
WEST SOUTH CENTRAL						
Paralytic	284	6	6	3	6	-
Total	330	6	6	9	6	-
Arkansas	23	3	-	1	1	-
Louisiana	30	1	-	3	3	-
Oklahoma	32	-	2	6	2	-
Texas	245	2	4	2	1	-
MOUNTAIN						
Paralytic	12	4	-	-	1	-
Total	19	4	-	-	1	-
Montana	4	-	-	-	-	-
Idaho	2	-	-	-	-	-
Wyoming	2	-	-	-	-	-
Colorado	4	1	-	-	1	-
New Mexico	2	2	-	-	-	-
Arizona	4	1	-	-	-	-
Utah	1	-	-	-	-	-
Nevada	1	-	-	-	-	-
PACIFIC						
Paralytic	85	3	4	1	2	-
Total	97	4	4	1	2	-
Washington	2	-	-	-	-	-
Oregon	7	1	-	-	1	-
California	70	2	4	1	1	-
Alaska	-	-	-	-	-	-
Hawaii	-	-	-	-	-	-
TERRITORY						
Puerto Rico	12	-	-	-	-	-

SUPPLEMENT TO PSU 273

December 21, 1962

A. Statement Released from the Office of the Surgeon General, December 19, 1962.

B. Report of the Special Advisory Committee on Oral Poliomyelitis Vaccine to the Surgeon General.

December 18, 1962

C. Line Listing of Cases Considered by the Committee.

A. Statement Released to the Press by the Office of the Surgeon General

Communities planning immunization campaigns against poliomyelitis are urged to move ahead, using all three types of Sabin oral vaccine with particular emphasis on children and young adults, Surgeon General Luther L. Terry of the Public Health Service announced today.

Dr. Terry said that this is the recommendation of the Surgeon General's Special Advisory Committee on Oral Poliomyelitis Vaccine which concluded its fifth meeting this year on December 18, and that he has accepted the Committee's recommendations.

The Committee stressed that special attention be given to children because they comprise the population group "in whom the danger of naturally occurring poliomyelitis is greatest and who serve as the natural source of poliomyelitis infection in the community."

"The Committee feels and I wholeheartedly agree that of greatest importance is planning for the continuing vaccination of oncoming generations," the Surgeon General said. "This is the only way we will succeed in eradicating polio permanently."

The Surgeon General quoted the recommendation of the Committee with respect to vaccinations among adults:

"Because the need for immunization diminishes with advancing age and because potential risks of vaccine are believed by some to exist in adults, especially above the age of 30, vaccination should be used for adults only with the full recognition of its very small risk. Vaccination is especially recommended for those adults who are at higher risk of naturally occurring disease; for example, parents of young children, pregnant women, persons in epidemic situations and those planning foreign travel."

Dr. Terry presided at the two-day meeting at which committee members reviewed all cases of suspected polio-like illness currently known to have been associated with the administration of oral polio virus vaccine of all three types in non-epidemic areas.

"In the oral and the Salk vaccines we have two established weapons against polio and we can, I believe, look forward to the day when polio is finally eliminated in this country," the Surgeon General stated. "With a total of around 650 cases reported this year, compared to almost 58,000 a decade ago, it is clear we are well on our way."

In commenting on the work of his Advisory Committee, Dr. Terry said: "The meticulous care with which members of this committee--all experts in the scientific disciplines involved in the use of vaccines--have watched and evaluated developments in the widespread use of oral poliomyelitis vaccines is exemplary." They are rendering an invaluable service in advising us.

Members of the Surgeon General's Committee are: Dr. David Bodian, The Johns Hopkins School of Medicine; Dr. John Fox, Public Health Research Institute of the City of New York; Dr. Archie L. Gray, Secretary and Executive Officer, Mississippi State Board of Health; Dr. William MCD. Hammon, University of Pittsburgh; Dr. Hugh Hussey, Dean, School of Medicine, Georgetown University; Dr. Alexander Langmuir, Public Health Service, Communicable Disease Center, Atlanta, Georgia; Dr. Roderick Murray, Public Health Service, National Institutes of Health, Bethesda, MD; Dr. John Paul, Yale University School of Medicine; Dr. Albert Sabin, University of Cincinnati; Dr. Edward D. Shaw, University of California School of Medicine; and Dr. Joseph E. Smadel, Public Health Service, National Institutes of Health, Bethesda, Md.

The report of the Committee's findings and recommendations is attached.

B. Report of the Special Advisory Committee on Oral Poliomyelitis Vaccine to the Surgeon General, PHS. December 18, 1962

The Committee met to review all cases of suspect polio-like illness currently known to have been associated with the administration of oral poliovirus vaccine of all three types in non-epidemic areas. These included, in addition to cases previously considered, 25 cases newly discovered among persons fed vaccine and four cases among individuals in contact with vaccinated persons. Some of the cases previously accepted as "compatible" have been dropped from this category because of additional clinical and laboratory evidence that has become available. New cases have been added to the "compatible" group where careful review has justified such action.

It should be emphasized that the committee does not consider that an individual case can be proved to be caused by the vaccine and no laboratory test has thus far provided a definitive answer. However, it has attempted to decide for each case whether or not it is "compatible" with the possibility of having been induced by the vaccine. Cases have been judged as "compatible" when three criteria were met: (1) onset within a period (4-30 days after feeding) consistent with a reasonable incubation period; (2) an illness clinically consistent with paralytic polio; and (3) laboratory findings which do not exclude a vaccine relationship.

On the basis of data now available the total number of cases associated in time with the direct administration of Type III vaccine and considered by a committee majority as "compatible" is now 11, of which 8 are over 30 years of age. Four cases were excluded as clearly unrelated to Type III vaccination; and seven cases were considered inconclusive as to a possible vaccine relationship.

The total number of cases associated with the administration of Type I vaccine and considered as "compatible" is seven, of which 4 are over 30 years of age. Ten cases were excluded; six were considered inconclusive. None of the three Type II associated cases was judged to be "compatible".

It should be noted that the total number of doses of oral vaccine given in non-epidemic areas during 1962 is approximately 31 million Type I, 19 million Type II and 15 million Type III. Hence, the maximum potential risk for Types I and III is of the order of one per million or less overall, but higher for those over 30 years of age. For Type II there is still no indication of risk.

Consideration of the four cases in unvaccinated persons in household contact with vaccinees resulted in two being judged "compatible" and two "excluded". One additional "compatible" case occurred in a non-household contact. Considering the large amount of vaccine administered and the known frequency of vaccine virus spread from vaccinated to unvaccinated persons, particularly within homes, it is concluded that contact spread has posed no significant hazard.

It is therefore recommended: (1) that community plans for immunization be encouraged, using all three types; and, (2) that immunization be emphasized for children in whom the danger of naturally occurring poliomyelitis is greatest and who serve as the natural source of poliomyelitis infection in the community. Because the need for immunization diminishes with advancing age and because potential risks of vaccine are believed by some to exist in adults, especially above the age of 30, vaccination should be used for adults only with the full recognition of its very small risk. Vaccination is especially recommended for those adults who are at higher risk of naturally occurring disease; for example, parents of young children, pregnant women, persons in epidemic situations and those planning foreign travel.

Of greatest importance is the continuing vaccination of oncoming generations.

C. Cases Considered by the Special Advisory Committee

As stated in the report of the Advisory Committee, all known cases of suspect polio-like illness associated in time with the administration of the three types of oral polio vaccines outside of epidemic areas were reviewed. The line listings which appear below categorize the cases for consideration as occurring after the administration of Type I, Type II or Type III vaccine. Thus any case with onset more than 30 days after one type of vaccine administration but within 30 days of a second type received 2 reviews. Two cases, as indicated in the listing, were considered both as primary vaccinees and as contacts of vaccinees.

All cases considered have been listed in previous P.S.U. reports except for ten cases from California which have not yet been officially reported. These were considered from a special report prepared and submitted to the Committee by the California State Department of Public Health. The Committee appraisal on each individual case is indicated, based on the criteria listed in their report.

Cases of Polio-like Illness Following Oral Polio Vaccines
Occurring Outside of Epidemic Areas in 1962 - Reviewed by the
Surgeon General's Advisory Committee on Poliomyelitis Vaccines

- No Specimen
0 No Isolate Obtained
** In Process

I. Cases Following Type I Vaccine

State	Age	Sex	Doses IPV	Days from Feeding of OPV to Onset of Illness ¹			Virus Isolate		Antibody Response	Committee Appraisal
				I	II	III	Type	Character		
Calif.	8	M	4	2(7) ¹			I	**	I	Excluded
Calif.(NR) ²	11	M	4	?(4)			0		Inconclusive	Inconclusive
Calif.(NR)	32	M	0	(14)			I	**	I	Compatible
Calif.	42	M	0	8(11)			I	**	I	Compatible
Calif.	2	F	2	18(19)			I	**	I	Compatible
Calif.	58	M	0	25(26)			**		Inconclusive	Compatible ³
Calif.(NR)	3	M	5	?(40)			I	**	**	Excluded
Calif.	7	F	6	22(25)			II ⁵	**	Inconclusive	Inconclusive
Calif.(NR)	33	M	3	-2(12)			III	**	Inconclusive	Excluded
Calif.(NR)	30	M	3	14(23)			III	**	Inconclusive	Excluded
Calif.(NR)	4	F	?	-4(8)			I	**	Inconclusive	Excluded
Calif.(NR)	11	M	4	-8(6)			I	**	Inconclusive	Excluded
Calif.(NR)	33	M	0	9(18)			0		**	Inconclusive
Calif.(NR)	37	M	8	(97)	1	48	-		-	Excluded
Calif.(NR)	35	M	0	9(11)			I	**	**	Compatible
Ill.	16	M	?	4(6)			I	Non-Vacc.like (3 Specimens) Vaccine-like (1 Specimen)	I	Compatible
Iowa	14	F	3	(9)			I	Vaccine-like	I, II	Compatible
Mass.	7	M	5	(27)			I	Vaccine-like	Inconclusive	Excluded
Mass.	11	M	4	16(30)			-		-	Inconclusive

I. Cases Following Type I Vaccine (Continued)

- No Specimen
 0 No Isolate Obtained
 ** In Process

<u>State</u>	<u>Age</u>	<u>Sex</u>	<u>Doses IPV</u>	<u>Days from Feeding of OPV to Onset of Illness¹</u>			<u>Virus Isolate Type</u>	<u>Isolate Character</u>	<u>Antibody Response</u>	<u>Committee Appraisal</u>
				<u>I</u>	<u>II</u>	<u>III</u>				
N.Y.(1) ⁴	3	M	2	(23)			I	Non-Vacc.Like	I	Excluded
Ohio	16	M	0	28(43)		1(15)	-		III	Inconclusive
Tenn.(2)	25	M	1	4(11)			I	Non-Vacc.Like	I, II, III	Inconclusive
Wash. ⁶	6	M	4	(37)		(5)	I	Vaccine-Like	I	Excluded

1. The number in parenthesis indicates interval from feeding to onset of paralysis.
2. (NR) California cases not yet officially reported but considered from a special report submitted by the California State Department of Public Health.
3. Considered a "compatible" case if laboratory work in process is not inconsistent with a vaccine relationship.
4. Number in parenthesis following State designation corresponds with the number of the case in the technical report of the Surgeon General - September 20, 1962.
5. Specimen taken two days after patient received Type II vaccine.
6. Also considered (and listed) with relation to Type III vaccine.

II. Cases Following Type II Vaccine

- No Specimen
 0 No Isolate Obtained
 ** In Process

<u>State</u>	<u>Age</u>	<u>Sex</u>	<u>Doses</u> <u>IPV</u>	<u>Days from Feeding of OPV</u> <u>to Onset of Illness</u>			<u>Virus Isolate</u>		<u>Antibody</u> <u>Response</u>	<u>Committee</u> <u>Appraisal</u>
				<u>I</u>	<u>II</u>	<u>III</u>	<u>Type</u>	<u>Character</u>		
Neb	5	F	4	(>90)	16(23)	(>90)	**		Incon.	Inconclusive
Ohio(3)	2	F	2	(85)	(8)	-	III		-	Excluded
Ohio ¹	67	M	0	(64)	(8)	(36)	0		Incon.	Inconclusive

¹ Also considered and listed with relation to Type III vaccine

III. Cases Following Type III Vaccine

<u>State</u>	<u>Age</u>	<u>Sex</u>	<u>Doses</u> <u>IPV</u>	<u>Days from Feeding of OPV</u> <u>to Onset of Illness</u>		
				<u>I</u>	<u>II</u>	<u>III</u>
Mass.	4	M	4	54(64)		26(36)
Mass.	54	F	0			22(24)
Mich.(4)	23	M	2 or 4	76(80)		16(20)
Mich.(5)	36	F	0			22(28)
Neb.(6)	18	F	5	34(42)		7(15)
Neb.(7)	51	M	0	51(54)		22(25)
Neb.(8)	37	M	0	43(48)		15(20)
Neb.	50	F	4	61(69)		19(27)
Neb.	57	M	0	49(57)		12(20)
Neb.	6	M	3	49(56)		7(14)
Neb.	13	F	3	41(44)		16(19)
Neb.	55	M	0	46(52)		10(16)
NY(9)	49	M	0	(≥ 90)		26(29)
Ohio ²	67	M	0	(64)	(8)	(36)
Ohio(10) ³	16	M	0	28(43)		1(15)
Ohio(11) ⁴	36	M	0			21(25)
Oregon(12)	48	F	0	34(38)		7(11)
Oregon(13)	39	M	0	50(51)		23(24)
Oregon(14)	6	M	0	(54)		(27)
Oregon(15)	52	M	0	52(53)		19(20)
Penna.	6	M	5	(55)		(8)
Wash.(16) ³	6	M	4	(37)		(5)

- 1 Type II vaccine fed 8 days before specimen collected
 2 Also considered (and listed) with relation to Type II
 3 Also considered (and listed) with relation to Type I
 4 Also compatible with Type I household contact spread

- No Specimen
- 0 No Isolate Obtained
- ** In Process

<u>Virus Type</u>	<u>Isolate Character</u>	<u>Antibody Response</u>	<u>Committee Appraisal</u>
0		-	Excluded
0		**	Inconclusive
III	Intermediate to non-vaccine like	Inccn.	Compatible
III	Vaccine-like	III	Compatible
III	Vaccine-like	Incon.	Compatible
0		Incon.	Compatible
-		Incon.	Compatible
0		I, II, III	Compatible
0		I	Inconclusive
II ¹		Incon.	Inconclusive
III	Vaccine-like	Incon.	Compatible
-		Incon.	Inconclusive
0		I, II, III	Inconclusive
0		Incon.	Inconclusive
-		III	Inconclusive
0		I, III	Compatible
III	Vaccine-like	I, II, III	Compatible
III	Vaccine-like	Incon.	Compatible
I	Non-vaccine like	Incon.	Excluded
III	Vaccine-like		
III	Vaccine-like	Incon.	Compatible
III	Vaccine-like	Incon.	Excluded
I	Vaccine-like	I	Excluded

vaccine
vaccine

Cases Among Household Contacts of Vaccinees

<u>State</u>	<u>Age</u>	<u>Sex</u>	<u>Doses</u> <u>IPV</u>	<u>Days from Feeding of OPV</u> <u>to Onset of Illness</u>		
				<u>I</u>	<u>II</u>	<u>III</u>
La.	21	M	0			(26)
Mass.	42	F	4	(55)		(25)
Mass.	18/12	M	0	(59)		(18)
NY	29	M	0	(55)		(25)
Ohio ¹	6/12	M	0	(69)		(33)

¹ Contact in adjacent apartment

- No Specimen
- 0 No Isolate *Obtained*
- ** In Process

<u>Virus Type</u>	<u>Isolate Character</u>	<u>Antibody Response</u>	<u>Committee Appraisal</u>
I	**	I	Excluded
-		-	Excluded
I	Intermediate to non-vaccine like	I	Compatible
III	Vaccine-like	III	Compatible
III	Vaccine-like	-	Compatible

